

Form #1 - APPLICATION COVER - Revised Covid
FFY2022 PSSF Statement of Need Proposal

See instructions in Section E of Statement of Need.
 Scan, save as a pdf and identify as "son##### Cover".
 Identification of non-profit agencies must be consistent with SoS Registration screenshot.

SoN #

Agency Name:		
Program Name:		
Agency Mailing Address:	City:	County:
	Zip Code:	
Agency Street Address:	City:	County:
	Zip Code:	
Executive Director:	Telephone:	
	Email:	

Select only one service model.	If FFY2021 program reapplying, report current PSSF Program ID#: <i>(leave blank if uncertain or if requesting a service model change for this program)</i>	
PSSF Family Support Services	Funding Request	
1. Prevention/Early Intervention (PEI)	ENTER Subtotal and Covid Supplemental Aid ONLY. All other amounts will auto-calculate	
2. Home Visiting (HVS)	Federal Award (75%)	
3. Healthy Relationship/Co-Parenting (HMI)		
4. Supports/Svcs for Homeless Youth & Families (SHY)	Cash Match Commitment (25%)	
PSSF Family Preservation Services	Subtotal (100%)	
1. Placement Prevention Services (PPS)	<i>ENTER corresponding Subtotal from Form #6, Budget.</i>	
2. Relative Caregiver/Kinship Family (RCS)	Covid Supplemental Aid	
3. Crisis Intervention Services (CIS)	<i>ENTER \$5,000 or \$10,000 if applicable.</i>	
4. Residential /Post-Placement After-Care (RAC)	Total Cost of Services	
5. Substance Abuse Family Recovery & Support (STR)	<i>MUST be same as Total Cost of Services on Match and Budget</i>	
PSSF Family Reunification Services	Service Area	
1. Supervised Family Visitation (SFV)	Primary - Identify county where most services will be provided:	
2. Child and Family Advocacy (CFA)	Secondary - List additional counties below where services will also be made available:	
3. Parent Reunification Services (PRS)		
PSSF Adoption Promotion/Permanency Services		
1. Adoption Promotion/Post-Perm. Support (APS)		
2. Transition and Emancipation Support (TES)		
	Caseload	
	Proposed Average Caseload per Month:	
	Proposed Number of Total Families/Cases per Year:	

Applicant's Organizational Status (select one)	SAO/Vendor #:	ORI/OAC #:
Public Entity (city, county or state agency or institution)	EIN #:	E-Verify #:
Private Non-Profit Agency/Organization	DUNS #:	Fiscal YE:

Communications		
<i>All communications with respect to this proposal including award notices, contract negotiations, contract preparation and distribution, will be done electronically. Identify individual to whom all PSSF communications related to this proposal should be sent.</i>		
<i>NOTE: Notify PSSF Technical Assistance team at ContractSupport@pssfnet.com if this contact information changes after proposal submission.</i>		
Name:	Title:	Email:

Signature		
<i>The undersigned confirms that the applicant meets the criteria described in the Statement of Need; has provided accurate information regarding the agency, program and services described in the application; and is able to meet contract requirements, if awarded a contract with DFCS.</i>		Date
Signature of AUTHORIZED Officer (as per Resolution or Authorization)	Printed Name of Officer	Title of Officer *
(Electronic signature not acceptable)	<i>*For non-profit applicants, name and title must be same as individual is identified on SoS registration or Authorization for public entity.</i>	